

This form is issued under Act 265, PA 1964, as amended. You must file this form as required under Section 304 of the Act.

## Business History

**One of these forms is to be completed by each Officer and Director**

Broker-Dealer's / *Issuer's name		
Name of Individual		
Present Home Address		
Position with above		
Will you be active full time or part time in affairs of above?		
*If issuer, present holdings of securities of this issuer		
*If issuer, amount of this issue you intend to purchase		
What will be your total annual salary or compensation		
Date of Birth / /	Place of Birth	U.S Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Education (State fully amount of technical or professional training, if any, and where obtained)		

Give below or attach a chronological accounting of your time from completion of formal education to the present time. Do not list positions held less than six months. If inactive at any time for more than six months, state when, for how long, and for what reasons.

Beginning Date	Ending Date	Name and Address of Employer	Business of Employer	Position Held

### RETURN COMPLETED APPLICATION TO:

Office of Financial and Insurance Services  
Securities Section  
P.O. Box 30701  
Lansing, MI 48909-8201

### Our Street Address:

Office of Financial and Insurance Services  
611 W. Ottawa Street, 3<sup>rd</sup> Floor  
Lansing, MI 48933



### Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIS online at: [www.michigan.gov/ofis](http://www.michigan.gov/ofis) Phone OFIS toll-free at: 1-877-999-6442

**ALL QUESTIONS MUST BE ANSWERED**

Have you ever been adjudicated as bankrupt?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been indicted or arrested or arraigned or tried for or convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been refused any license or registration by this or any other Governmental agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Or after such license or registration was granted, was same ever suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Or has application for license or registration ever been withdrawn?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there any litigation pending against either yourself or any firm or company of which you are now a partner or an officer or director?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you ever a partner, managing member, director, or officer of any firm or Company which was adjudicated as bankrupt or for which a receiver was appointed either during the time or within one year after you were so connected therewith?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was any firm or company, while you were a partner, managing member, an officer or director thereof, refused a license or registration or permission to sell securities by this or any other governmental agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Or after such license or registration or permission was granted was same ever suspended or revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**(If your answer to any of the foregoing questions is "yes", explain the circumstances fully on a separate sheet.)**

<b>Name the corporations or businesses with which you have been identified in the past, either as an officer, director, partner, member, owner, or as an executive.</b>

<b>Are you at present a partner, managing member, officer, or director in any other business?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>If so, state name, address, and positions held in each.</b>
<b>Name</b>	<b>Address</b>	<b>Position</b>

I, \_\_\_\_\_ of the City of \_\_\_\_\_, State of \_\_\_\_\_, of lawful age, being first duly sworn, depose and say that I have read the above and know the contents thereof and that the statements therein contained are true.

\_\_\_\_\_  
(Signed)

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_